

[NAME OF CCP] SERVICE PROVIDER FEEDBACK

This brief survey is being conducted to learn about your opinions and experiences as a staff member for [name of CCP]. Do not put your name on this survey. We want you to feel completely free to express your honest opinion.

THANK YOU FOR YOUR PARTICIPATION!

Please indicate how often you performed each of the following activities in a typical week by placing an X in the box to the right. If you answer "never" to all 6 questions, please do not continue to complete this survey.

(1) Never (2) Rarely [once or twice a week] (3) Occasionally [3-10 times a week] (4) Frequently

Individual counseling	1	2	3	4		Group public education	1	2	3	4		Outreach and material distribution	1	2	3	4
Group counseling	1	2	3	4		Making referrals	1	2	3	4		Supervising other CCP staff	1	2	3	4

How many hours do you work in a typical week?

< 10 10-19 20-29 30-39 40 +

How would you rate [name of CCP] on the following areas? In the right-hand column, please select the box that best represents your opinion on a scale where:

(1) is the worst or least you can imagine and (10) is the best or most you can imagine.

	Worst	Best
The FEMA overview training.	1	2 3 4 5 6 7 8 9 10
Other trainings offered by the State.	1	2 3 4 5 6 7 8 9 10
How well the trainings prepared you to do your job.	1	2 3 4 5 6 7 8 9 10
Quality of the supervision provided to you.	1	2 3 4 5 6 7 8 9 10
Opportunities to interact with other staff in supportive ways.	1	2 3 4 5 6 7 8 9 10
Support and training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others.	1	2 3 4 5 6 7 8 9 10
Opportunities for professional and personal growth.	1	2 3 4 5 6 7 8 9 10
The appropriateness of the workload (i.e., neither too much nor too little).	1	2 3 4 5 6 7 8 9 10
The adequacy of the resources and tools you had available to do your job.	1	2 3 4 5 6 7 8 9 10
How well you understood how your job fit into the bigger picture of your community's response to the disaster.	1	2 3 4 5 6 7 8 9 10
How well you believe the types of services provided by [name of CCP] matched the types of need present in the community.	1	2 3 4 5 6 7 8 9 10
The overall quality of services being provided by [name of CCP].	1	2 3 4 5 6 7 8 9 10
How likely you would be to recommend [name of CCP] to a friend or family member if he or she had the need.	1	2 3 4 5 6 7 8 9 10

PLEASE ALSO ANSWER THE QUESTIONS ON THE BACK.



These questions are about the reactions you have experienced IN THE PAST MONTH. By *reactions*, we mean feelings, emotions, or thoughts about the work you have done since coming to work at [name of CCP]. Your answers to these questions will help us to learn more about how providers were themselves affected by the disaster and the work. For each question, select the box that best describes your reaction.

(1) Not at all (2) A little bit (3) Moderately (4) Quite a bit (5) Very Much

Has your ability to handle other stressful events or situations been harmed by your work or your reactions to it?	1	2	3	4	5
Has the work or your reactions to it interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	1	2	3	4	5
How much has the work or your reactions to it interfered with your ability to work or carry out your other daily activities, such as housework or schoolwork?	1	2	3	4	5
How much have your work or your reactions to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	1	2	3	4	5
How distressed or bothered are you about your reactions?	1	2	3	4	5

HIGH SCORES ON THESE QUESTIONS INDICATE THAT YOU MIGHT BENEFIT FROM TALKING WITH A COUNSELOR ABOUT YOUR REACTIONS. IF YOU HAVE CONCERNS ABOUT YOUR ANSWERS TO THESE QUESTIONS, PLEASE CALL XXX-XXXX.

These final questions will help us to describe the total group of people who completed the survey.

What is your gender? male female

How old are you?

What was the highest year of school that you completed?

less than HS high school some college
college graduate masters degree doctoral degree

Do you hold a license as a mental health professional? no yes

Which race best describes you? (select one or more)

American Indian or Alaska Native Native Hawaiian / Pacific Islander
Asian White
Black or African American

Are you Hispanic/Latino? That is, are you or your ancestors from Spain, Mexico, Puerto Rico, the Dominican Republic or Central or South America? no yes

What is your preferred language? English Other (specify) _____

Do you have any comments you would like to share? _____

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